

SEC. 2. REFERENCES.

Any reference in a law, map, regulation, document, paper, or other record of the United States to the United States courthouse referred to in section 1 shall be deemed to be a reference to the "Thurgood Marshall United States Courthouse".

The bill was ordered to be engrossed, read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. LATOURETTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bills H.R. 2501 and H.R. 988.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

EXPRESSING SENSE OF CONGRESS REGARDING ESTABLISHMENT OF NATIONAL HEALTH CENTER WEEK

Mr. LATOURETTE. Mr. Speaker, I ask unanimous consent that the Committee on Government Reform be discharged from further consideration of the concurrent resolution (H. Con. Res. 179) expressing the sense of Congress regarding the establishment of a National Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

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The SPEAKER pro tempore (Mr. BE-REUTER). Is there objection to the request of the gentleman from Ohio?

Mr. DAVIS of Illinois. Mr. Speaker, reserving the right to object, although I will not object, I rise today in support of this important resolution, and I am pleased to have been a major sponsor of this legislation along with the gentleman from Massachusetts (Mr. CAPUANO), the gentleman from Florida (Mr. BILIRAKIS), and the gentleman from Texas (Mr. BONILLA), my fellow co-chairs of the Community Health Center Caucus.

I thank the gentleman from Illinois (Mr. HASTERT), the gentleman from Missouri (Mr. GEPHARDT), the gentleman from Indiana (Mr. BURTON), and the gentleman from California (Mr. WAXMAN) for expediting this resolution to the floor.

The resolution before us simply urges the establishment of a Community Health Center Week beginning on August 19. The establishment of Community Health Center Week would raise awareness of health services provided by the more than 1,029 community health centers located in rural and urban communities throughout America.

Community health centers have stood in the gap providing health services to the poor and medically underserved throughout our Nation, in public housing, homeless shelters and in rural America. It is a program that has been successful and is currently serving over 12 million people at 3,200 health delivery sites throughout the United States, Puerto Rico, Guam and the Virgin Islands. Health centers have been cost-effective and at the same time provide quality health care to their patient population. They are truly community oriented and patient focused.

In addition, health centers play a major role in helping to reduce health disparities. We still remain a Nation divided when it comes to health care, divided along the lines of those who have and those who have not access to care. Health centers have to bridge the gap between those entities.

A National Health Center Week will allow health centers to raise awareness and educate the public about health issues and the role that they play in our communities. Therefore, I am pleased to support this resolution, and urge its immediate adoption.

Mr. Speaker, I thank the gentleman from Ohio, and urge adoption of this resolution.

Mr. Speaker, I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 179

Whereas community, migrant, public housing, and homeless health centers are vital to many communities in the United States;

Whereas there are more than 1,029 such health centers serving nearly 12,000,000 people at 3,200 health delivery sites, located in all 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands;

Whereas such health centers have provided cost-effective, quality health care to poor and medically underserved people in the United States, including the working poor, the uninsured, and many high-risk and vulnerable populations;

Whereas such health centers help reduce health disparities, meet escalating health care needs, and provide a vital safety net, in the health care delivery system of the United States;

Whereas such health centers provide care to 1 of every 9 uninsured Americans, 1 of every 8 low-income Americans, and 1 of every 10 rural Americans;

Whereas the people to whom such health centers provide care would otherwise lack access to health care;

Whereas such health centers and other innovative programs in primary and preventive care serve 600,000 homeless persons and more than 650,000 farm workers in the United States;

Whereas such health centers make health care responsive and cost-effective by integrating the delivery of primary care with aggressive outreach, patient education, translation, and other enabling support services;

Whereas such health centers increase the use of preventive health services, including

immunizations, pap smears, mammograms, and glaucoma screenings;

Whereas in communities served by such health centers, infant mortality rates have decreased between 10 and 40 percent;

Whereas such health centers are built through community initiative;

Whereas Federal grants assist participating communities in finding partners and recruiting doctors and other health professionals;

Whereas Federal grants constitute, on average, 28 percent of the annual budget of such health centers, with the remainder provided by State and local governments, medicare, medicaid, private contributions, private insurance, and patient fees;

Whereas such health centers are community-oriented and patient-focused;

Whereas such health centers tailor their services to fit the special needs and priorities of communities, working together with schools, businesses, churches, community organizations, foundations, and State and local governments;

Whereas such health centers contribute to the health and well-being of their communities by keeping children healthy and in school and helping adults remain healthy and productive;

Whereas such health centers encourage citizen participation and provide jobs for 50,000 community residents; and

Whereas the establishment of a National Community Health Center Week for the week beginning August 19, 2001, would raise awareness of the health services provided by such health centers: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That it is the sense of Congress that—

(1) there should be established a National Community Health Center Week to raise awareness of health services provided by community, migrant, public housing, and homeless health centers; and

(2) the President should issue a proclamation calling on the people of the United States and interested organizations to observe such a week with appropriate programs and activities.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. LATOURETTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 179.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

CONGRATULATING UKRAINE ON TENTH ANNIVERSARY OF REESTABLISHMENT OF ITS INDEPENDENCE

Mr. TANCREDO. Mr. Speaker, I ask unanimous consent that the Committee on International Relations be discharged from further consideration of the resolution (H. Res. 222) congratulating Ukraine on the tenth anniversary of reestablishment of its independence, and ask for its immediate consideration in the House.